MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-020105
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 250

FILED JUN 12 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Francois Township
Length of stay in 1b: 5Y:1M:11days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital No. 4
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Crawford
c. CITY OR TOWN: Leasburg,
Inside Limits: Unk. Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Unk. Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: EDWARD Middle: A. Last: RICHTER

4. DATE OF DEATH: Month, Day, Year: June 3, 1962

5. SEX	6. COLOR OR RACE	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HR Hours / Min.
Male	White		June 23, 1901	60	11 / 11	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): construction worker & farmer
10b. KIND OF BUSINESS OR INDUSTRY: Construction work and farming
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry Richter
13b. MOTHER'S MAIDEN NAME: Augusta Klein
14. NAME OF HUSBAND OR WIFE: Delight Richter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of serv
D.
17. INFORMANT Address: Records, State Hosp. #4, Farmington, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral thrombosis - - - - - - - - - - - - - - - — INTERVAL BETWEEN ONSET AND DEATH: 1 day.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal [illegible]: Chronic brain syndrome associated with intracranial neoplasm, with psychotic reaction - - Abt. 5 years.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from April 23, 1957, to June 3, 1962 and last saw him alive on June 3, 1962
Death occurred at 6:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: State Hospital No. 4, Farmington, Missouri
22c. DATE SIGNED: 6-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 5 1962
23c. NAME OF CEMETERY OR CREMATORY: Hoa CEMETERY
23d. LOCATION (City, town, or county) (State): Leasburg MO

24. FUNERAL DIRECTOR ADDRESS: Norman C. Hoener Cuba, mo
25. DATE RECD. BY LOCAL REG.: June 4 1962
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Norman R. Lane

Signature of Student Embalmer

Licensed Embalmer No. 4673

P. O. Address Cuba, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.